

# PHA Plans

## Streamlined 5-Year/Annual Version

U.S. Department of Housing and  
Urban Development  
Office of Public and Indian Housing

OMB No. 2577-  
0226  
(exp 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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## Streamlined 5-Year Plan for Fiscal Years 2010 - 2014

## Streamlined Annual Plan for Fiscal Year 2011

# NATCHEZ HOUSING AUTHORITY

**NOTE:** This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

**Streamlined Annual PHA Plan**  
**PHA Fiscal Year 2011**  
[24 CFR Part 903.12(b)]

**Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

**A. ANNUAL STREAMLINED PHA PLAN COMPONENTS**

**Attachment "A" MS105A01**

Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

**Attachment "B" MS105B01**

Violence Against Women Act

**Attachment "C" MS105C01**

Resident Advisory Board and Comments

**Attachment "D" MS105D01**

Capital Fund Program Original Annual Statement FY2011

**Attachment "E" MS105E01**

P&E Statements for CFP FY 2010

**Attachment "F" MS105F01**

P&E Statements for CFP FY 2009

**Attachment "G" MS105G01**

P&E Stimulus Statement FY2009

**Attachment "H" MS105H01**

P&E Statements for CFP FY 2008

**Attachment "I" MS105I01**

CFP Five Year Action Plan

**MS105V01**

PHA 5 Year and Annual Plan

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Natchez Housing Authority</u> PHA Code: <u>MS26P105</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2011</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>296</u> Number of HCV units: _____												
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.												

<p>5.2</p>	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><b>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</b></p> <p><input type="checkbox"/> PHA Goal: Expand the supply of assisted housing Objectives:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Apply for additional rental vouchers:</li> <li><input type="checkbox"/> Reduce public housing vacancies:</li> <li><input checked="" type="checkbox"/> Leverage private or other public funds to create additional housing opportunities:</li> <li><input type="checkbox"/> Acquire or build units or developments</li> <li><input type="checkbox"/> Other (list below)</li> </ul> <p><input checked="" type="checkbox"/> PHA Goal: Improve the quality of assisted housing Objectives:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Improve public housing management: (PHAS score 90.0 and MASS score 29)</li> <li><input type="checkbox"/> Improve voucher management: (SEMAP score)</li> <li><input checked="" type="checkbox"/> Increase customer satisfaction:</li> <li><input type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)</li> <li><input checked="" type="checkbox"/> Renovate or modernize public housing units: <b>The PHA will continue its ongoing efforts to improve the livability, security, energy efficiency, and preserve the physical integrity of the structures.</b></li> <li><input type="checkbox"/> Demolish or dispose of obsolete public housing:</li> <li><input type="checkbox"/> Provide replacement public housing:</li> <li><input type="checkbox"/> Provide replacement vouchers:</li> <li><input checked="" type="checkbox"/> Other: (list below) <b>Improve the physical appearance of all developments.</b></li> </ul> <p><input type="checkbox"/> PHA Goal: Increase assisted housing choices Objectives:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide voucher mobility counseling:</li> <li><input type="checkbox"/> Conduct outreach efforts to potential voucher landlords</li> <li><input type="checkbox"/> Increase voucher payment standards</li> <li><input type="checkbox"/> Implement voucher homeownership program:</li> <li><input type="checkbox"/> Implement public housing or other homeownership programs:</li> <li><input type="checkbox"/> Implement public housing site-based waiting lists:</li> <li><input type="checkbox"/> Convert public housing to vouchers:</li> <li><input type="checkbox"/> Other: (list below)</li> </ul> <p><b>HUD Strategic Goal: Improve community quality of life and economic vitality</b></p> <p><input checked="" type="checkbox"/> PHA Goal: Provide an improved living environment Objectives:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: <b>With the use of flat rents and the adopted deconcentration policy, the PHA has an ongoing goal of increasing the income level of the residency.</b></li> <li><input type="checkbox"/> Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:</li> <li><input checked="" type="checkbox"/> Implement public housing security improvements: <b>Continue CFP efforts to provide proper security as a preventative deterrent to drugs and criminal activity. It is a goal of the PHA to have all developments relatively free of drugs and criminal activity.</b></li> <li><input type="checkbox"/> Designate developments or buildings for particular resident groups (elderly, persons with disabilities)</li> <li><input type="checkbox"/> Other: (list below)</li> </ul> <p><b>HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals</b></p> <p><input checked="" type="checkbox"/> PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Increase the number and percentage of employed persons in assisted families:</li> <li><input checked="" type="checkbox"/> Provide or attract supportive services to improve assistance recipients' employability: <b>The Housing will continue to provide programs which enhance the opportunity of employment for residents.</b></li> <li><input checked="" type="checkbox"/> Provide or attract supportive services to increase independence for the elderly or families with disabilities.</li> <li><input type="checkbox"/> Other: (list below)</li> </ul> <p><b>HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans</b></p> <p><input checked="" type="checkbox"/> PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: <b>The PHA will continue to undertake affirmative equal access for all applicants which is reinforced in the PHA Purpose Statement of the Admission and Continued Occupancy Plan.</b></li> <li><input type="checkbox"/> Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:</li> <li><input checked="" type="checkbox"/> Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: <b>Currently the PHA has apartments which have been modified for the handicapped in accordance with Statutory 504 Requirements.</b></li> <li><input type="checkbox"/> Other: (list below)</li> </ul>
	<p style="text-align: center;">Page 4 of 2</p> <p style="text-align: right;">form HUD-50075 (4/2008)</p>

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE</p> <p>There were no comments or challenged elements regarding the annual and five year plan. The PHA held its Public Hearing and Resident Advisory Board meeting on Tuesday, June 21, 2011 at 6:00 P. M</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Natchez Housing Authority 2 Auburn Avenue Natchez, MS 39120</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

1. The PHA will continue its goal to improve the (PHAs) advisory score to a high performer level. The PHA will retain this goal to make every effort to repeat as a "high performer".
2. The PHA will continue its goal to improve resident communications. A resident newsletter is established and the PHA resident initiative coordinator has been working closely with residents to improve PHA/resident communications.
3. The PHA goal to have apartments competitive with private market rentals is on schedule. Recent improvements utilizing CFP funds have installed air conditioning in all apartments and corrected serious erosion problems.
4. The PHA will continue its goal to have all developments relatively free of drugs and criminal activity is on schedule. The PHA is contracting with the use of (CFP) funds with the Natchez Police Department in an effort to eliminate drug and criminal activity in the PHA developments.
5. The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.
6. The PHA will continue to partnership with community agencies to provide residents drug prevention, educational and recreational programs.
7. The Housing Authority will continue to adopted new policies and procedures to comply with current regulations.
8. Increase assisted housing choices: The Housing Authority is achieving this goal by increasing homeownership opportunities. We have had several residents to purchase homes within the past two years.
9. Provide an improved living environment: The PHA is meeting this goal by continuing security services and maintaining a proper balanced income mix in all developments.
10. Promote self-sufficiency and asset development of families and individuals: The PHA continues to participate in the Self-Sufficiency Programs for residents.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**Criteria for Substantial Deviations and Significant Amendments**

**(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:**

Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in requirement for administration of Public Housing requiring public comment and/or public hearing.

**B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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## **ATTACHMENT “A”**

### **Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. It is the policy of the Housing Authority to comply with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The Housing Authority will comply with all laws relating to Civil Rights, including: Title VI and VIII of the Civil Rights Act, Executive Order 11063, Section 504, Age Discrimination Act and American With Disabilities Act.

To further our commitment to fully comply with applicable Civil Rights laws, the Housing Authority will provide Federal/State/Local information to public housing residents regarding “discrimination” and any recourse available to them during resident orientation session, resident meetings and reexaminations.

### **Criteria for Substantial Deviations and Significant Amendments**

#### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

#### **B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;



- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

## **ATTACHMENT "B"**

### **NATCHEZ HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

The VAWA prohibits the Natchez Housing Authority (NHA) to evict or remove assistance from certain persons (including members of the victim's immediate family) living in the NHA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women Reauthorization Act (VAWA) of 2005.

The NHA will accept certification from alleged victims in verifying this claim by a NHA resident.

The VAWA provides "criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant's family is the victim or threatened victim of that abuse." VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the NHA's authority to terminate the tenancy of any tenant if the NHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant's control and a tenant or immediate family member of the tenant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the NHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

- A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.
- One of the following:
  - A police or court record documenting the actual or threatened abuse

- A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the NHA within fourteen (14) business days after the individual claiming victim status receives a request for such certification. The NHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The NHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the NHA's discretion. If the individual does not provide the required certification and supporting documentation within fourteen (14) business days, or the approved extension period, the NHA may proceed with assistance termination.

The NHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the NHA deems the victim's life to be in imminent danger.

In extreme circumstances when the NHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the NHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The NHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the NHA that the incident or incidents of abuse are bona fide

All information provided to the NHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The NHA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the NHA that are intended to support assist victims of domestic violence described above.

## ATTACHMENT "C"

### LIST OF RESIDENT ADVISORY BOARD MEMBERS

1. Ms. Patricia Queen, 205 Dumas Drive, Natchez, MS 39120
2. Ms. Viola Williams, 122-A Ram Circle, Natchez, MS 39120
3. Ms. Rosie York, 307 Williams Apts., 93 Aldrich Street, Natchez, MS 39120
4. Ms. Mary Williams, A-5, Cedars Apts., 230 St. Catherine Street, Natchez, Ms 39120
5. Mr. Sam Pickett, 2-B Ingram Circle, Natchez, MS 39120
6. Mr. Willie Davis, D-28, Cedars Apts., 230 St. Catherine Street, Natchez, Ms 39120

#### SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:

The Resident Advisory Board consists of six (6) members. They are selected by the resident body. Meetings are held quarterly.

#### Challenged Elements

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **NONE**

There were no comments or challenged elements regarding the annual and five year plan.

#### (1) Resident Advisory Board Recommendations

- a. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

If yes, provide the comments below:

- b. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. N/A

☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:

☒ Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Tuesday, June 21, 2011 at 6:00 P. M. There were no comments regarding the annual and five year plan.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-11 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval: 2011</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	250,000			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	90,000			
3	1408 Management Improvements	110,000			
4	1410 Administration (may not exceed 10% of line 21)	56,188			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,891			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000			
10	1460 Dwelling Structures	221,904			
11	1465.1 Dwelling Equipment—Nonexpendable	12,900			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

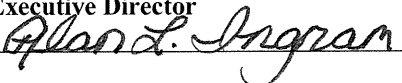
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-11 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> 2011 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	561,883			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 4/30/11	<b>Signature of Public Housing Director</b>  		
			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		90,000				
	Pest Control to Eliminate Chronic Pest Infestation	1408		55,000				
	Security Services	1408		55,000				
	Administration	1410		56,188				
	A/E Services	1430		30,891				
	Site Improvements to bring into UFAS	1450		40,000				
	Compliance							
	A/C Condensers	1460		5,000				
	Stoves	1465.1	14	4,900				
	Refrigerators	1465.1	20	8,000				
MS 105-001	Interior Doors (960 units)	1460	960	41,954				
Maryland Heights	Replace Water Heaters – 3 BR Units	1460	46	41,000				
MS 105-002	Replace Water Heaters – 10 (2 BR's) 8 (3 BR's)	1460	18	18,000				
Ram Circle								
MS 105-003	Replace Metal Bifold Closet Doors (19 Units)	1460	95	19,950				
Williams	Downstairs, \$210 ea							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name: Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS 105-004	Replace HVAC Units	1460	24	96,000				
Cedars, Shaws, Rawes,								
DeMarco, Charles								
	<b>GRAND TOTAL</b>			<b>561,883</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Natchez Housing Authority					<b>Federal FFY of Grant: 2011</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/30/2013		09/30/2015		
MS 105-001	09/30/2013		09/30/2015		
Maryland Heights					
MS 105-002	09/30/2013		09/30/2015		
Ram Circle					
MS 105-003	09/30/2013		09/30/2015		
Williams Apts.					
MS 105-004	09/30/2013		09/30/2015		
Cedars, Shaw, Rawes					
DeMarco, Charles					

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-10 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	90,000		90,000	90,000
3	1408 Management Improvements	110,000			
4	1410 Administration (may not exceed 10% of line 21)	56,188		56,188	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,841			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	206,954			
11	1465.1 Dwelling Equipment—Nonexpendable	12,900			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000		18,122.26	18,122.26
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

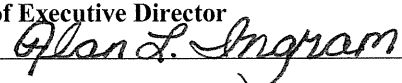
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Natchez		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-10 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	561,883		164,310.66	108,122.26
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	231,000			
23	Amount of line 20 Related to Security - Soft Costs	55,000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6/30/11	<b>Signature of Public Housing Director</b>  		
			<b>Date</b>  		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Natchez		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		90,000		90,000	90,000	
	Pest Control to Eliminate Chronic Pest Infestation	1408		55,000				
	Security Services	1408	296	55,000				
	Administration	1410		56,188		56,188	0	
	A/E Services	1430		30,841				
	Site Improvements: Bring to ADA Comp.	1450		20,000				
	Stoves	1465.1	14	4,900				
	Refrigerators	1465.1	20	8,000				
	Vehicle	1475	1	35,000		18,122.26	18,122.26	
MS 105-001	Renovate all Handicapped/Visual	1460	7	50,000				
Maryland Heights	Impaired Units (8,000X5) (5,000X2)							
MS 105-002	Renovate all Handicapped/Visual	1460	3	29,000				
Ram Circle	Impaired Units (12,000X2) (5,000X1)							
MS 105-003	Renovate all Handicapped/Visual	1460	3	17,000				
Williams Apts.	Impaired Units (12,000X2) (5,000X1)							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name: Natchez		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS 105-004	Renovate all Handicapped/Visual	1460	10	110,954				
Rawes, Shaw,	Impaired Units (18,000X5) (5,000X5)							
DeMarco, Charles,								
Cedars								
	GRAND TOTAL			561,883		164,310.66	108,122.26	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Natchez Housing Authority				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/30/12		9/30/14		
MS 105-003	9/30/12		9/30/14		
Maryland Heights					
MS 105-002	9/30/12		9/30/14		
Ram Circle					
MS 105-003	9/30/12		9/30/14		
Williams Apts.					
MS 105-004	9/30/12		9/30/14		
Rawes, Shaw,					
DeMarco, Charles,					
Cedars					

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:03 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	90,000	90,000	90,000	90,000
3	1408 Management Improvements	55,000	62,000	62,000	26,200
4	1410 Administration (may not exceed 10% of line 21)	56,600	56,600	56,600	45,196.36
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,301	20,000	9,588.79	9,588.79
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	278,812	286,705.45	126,079.35	43,800
11	1465.1 Dwelling Equipment—Nonexpendable	12,900	12,900	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	37,728	38,135.55	36,959.61	25,407.55
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Natchez		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 03 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	566,341	566,341	381,227.75	240,192.70
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	55,000	55,000	55,000	0
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Gland. Ingram</i>		<b>Date</b> <i>6/30/11</i>		<b>Signature of Public Housing Director</b>  <b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Natchez			<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		90,000	90,000	90,000	90,000	
	Pest Control to Eliminate Chronic Pest Infestation	1408		55,000	55,000	55,000	19,200	
	Computer Upgrades	1408		0	7,000	7,000	7,000	
	Administration	1410		56,600	56,600	56,600	45,196.36	
	Consultant to Prepare ADA Compliance Review	1430		0	0	0	0	
	Consultant	1430		0	10,000	8,338.79	8,338.79	
	A/E Services	1430		35,301	10,000	1,250	1,250	
	Security Services	1460	296	55,000	55,000	55,000	40,500	
	A/C Condensers	1460		0	15,000	3,300	3,300	
	Stoves	1465.1	14	4,900	4,900	0	0	
	Refrigerators	1465.1	20	8,000	8,000	0	0	
	Truck	1475	1	25,000	25,407.55	25,407.55	25,407.55	
	Maintenance Equipment - Mower	1475	1	12,728	12,728	11,552.06	0	
MS 105-001	Replace Windows/Screens	1460	768	0	0	0	0	
Maryland Heights	Refurbish Windows/Screens	1460	768	40,000	0	0	0	
	Install Tankless Water Heaters (3 BR's)	1460	46	109,971	94,507.35	0	0	
	Roofs (Balance from ARRA)	1460		0	43,759.15	43,759.15	0	
MS 105-002	Install Tankless Water Heaters	1460	32	73,841	44,418.75	0	0	
Ram Circle	Kitchen Cabinets (Balance from ARRA)	1460		0	6,441.70	6,441.70	0	
MS 105-003	Interior Renovations	1460		0	10,000	0	0	
Williams	Stairwells (Balance from ARRA)	1460		0	17,578.50	17,578.50	0	
	GRAND TOTAL			566,341	566,341	381,227.75	240,192.70	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Natchez Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S105501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,104		52,104	41,800
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	655,453		655,453	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

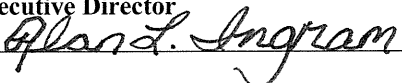
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Natchez		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S105501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/10</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	707,557		707,557	41,800
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6/30/11	<b>Signature of Public Housing Director</b>  		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Natchez		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S105501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	A/E Fees	1430		52,104		52,104	41,800	
MS 105-001	Repair Roofs	1460	48	120,120		120,120	0	
Maryland Heights	Kitchen Cabinets/Stove Hoods	1460	96	309,189		309,189	0	
MS 105-003	Stairwell/Roofing Repairs	1460	4	112,000		112,000	0	
Williams Apartments								
MS 105-005	Replace Roofs	1460	40	114,144		114,144	0	
Kenneth Graves								
	GRAND TOTAL			707,557		707,557	41,800	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: NATCHEZ HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-08 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:04 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	100,000	100,000	100,000	100,000
3	1408 Management Improvements	45,581.77	43,181.77	43,181.77	43,181.77
4	1410 Administration (may not exceed 10% of line 21)	47,957.26	47,957.26	47,957.26	47,957.26
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	77,829.56	76,052.34	76,052.34	76,052.34
8	1440 Site Acquisition				
9	1450 Site Improvement	12,550	12,550	12,550	12,550
10	1460 Dwelling Structures	221,326.53	225,503.75	225,503.75	190,343.90
11	1465.1 Dwelling Equipment—Nonexpendable	4,939	4,939	4,939	4,939
12	1470 Non-dwelling Structures	48,027.98	48,027.98	48,027.98	48,027.98
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	766.90	766.90	766.90	766.90
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> NATCHEZ		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P501-08 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 04 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	558,979	558,979	558,979	523,819.15
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6/30/11	<b>Signature of Public Housing Director</b>  		
			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: NATCHEZ			Grant Type and Number Capital Fund Program Grant No: MS26P105501-08 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA WIDE	Operations	1406		100,000	100,000	100,000	100,000	
	Pest Control Program: Address Chronic Pest Infestations Identified Via UPCS Inspections	1408	296	45,100	42,700	42,700	42,700	
	Computer Upgrades	1408		481.77	481.77	481.77	481.77	
	Administration	1410		47,957.26	47,957.26	47,957.26	47,957.26	
	Consultant	1430		6,765	8,874.56	8,874.56	8,874.56	
	A/E Inspections, Testing	1430		71,064.56	67,177.78	67,177.78	67,177.78	
	Security	1460		76,500	76,500	76,500	76,500	
	A/C Condensers - Fungibility	1460		60,000	59,380	59,380	59,380	
	Soffit/Fascia Repairs	1460		0	0	0	0	
	Stoves	1465.1	0	0	0	0	0	
	Refrigerators	1465.1	11	4,939	4,939	4,939	4,939	
	Site Improvements	1450		12,550	12,550	12,550	12,550	
MS 105-1	Refurbish Windows, Balances & Locks	1460	0	0	0	0	0	
Maryland Heights	Interior Doors/Hardware	1460	0	0	0	0	0	
	Kitchen Cab./Stove Hoods	1460		9,366.88	35,159.85	35,159.85	0	
	Community Center Renovations	1470	1	48,027.98	48,027.98	48,027.98	48,027.98	
	Relocation	1495	1	766.90	766.90	766.90	766.90	
	Roofs	1460		14,830.25	0	0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part II: Supporting Pages</b>								
PHA Name: NATCHEZ			<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P105501-08 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS 105-02 Ram Circle	Install Tankless Water Heaters, Toilets, & Showerheads	1460	32	24,358.60	24,358.60	24,358.60	24,358.60	
	ADA Toilet	1460	1	0	379.50	379.50	379.50	
MS 105-3 Williams Apts.	Exterior Repairs to Stairs & Siding	1460		15,703.86	9,158.86	9,158.86	9,158.86	
MS 105-5 Kenneth Graves	Replace Roofs	1460		8,266.94	8,266.94	8,266.94	8,266.94	
MS 105-4 Charles/Cedars	Emergency Ramp Installation	1460	2	12,300	12,300	12,300	12,300	
	GRAND TOTAL			558,979	558,979	558,979	523,819.15	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: NATCHEZ				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	9/30/10	05/30/10	9/30/12		
MS 105-1	9/30/10	05/30/10	9/30/12		
Maryland Heights					
MS 105-2	9/30/10	05/30/10	9/30/12		
Ram Circle					
MS 105-3	9/30/10	05/30/10	9/30/12		
Williams					
MS 105-4	9/30/10	05/30/10	9/30/12		
Kenneth Graves					

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name/Number <b>Natchez Housing Authority</b>			Locality (City/County & State) <b>Natchez, Adams, MS</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	154,883	117,862	154,883	154,883
C.	Management Improvements		140,000	140,000	140,000	140,000
D.	PHA-Wide Non-dwelling Structures and Equipment		30,000	10,000	10,000	10,000
E.	Administration		50,000	50,000	50,000	50,000
F.	Other		87,000	137,000	127,000	127,000
G.	Operations		100,000	80,000	80,000	80,000
H.	Demolition			10,000		
I.	Development			17,021		
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		561,883	561,883	561,883	561,883
L.	Total Non-CFP Funds		250,000	250,000	250,000	250,000
M.	Grand Total		811,883	811,883	811,883	811,883

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Part I: Summary (Continuation)**

PHA Name/Number <b>Natchez Housing Authority</b>			Locality: <b>Natchez, Adams, MS</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name Number	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		<b>Annual Statement</b>				
	HA WIDE		457,000	474,021	561,883	561,883
	MS 105-001					
	Maryland Heights					
	MS 105-002					
	Ram Circle					
	MS 105-003					
	Williams					
	MS 105-004		104,883			
	Rawes, Demarco, Shaw					
	Charles, Cedars, Elderly					
	MS 105-005			87,862		
	Kenneth Graves					

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

[illegible]

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>HA Wide:</b>			<b>HA Wide:</b>		
Annual	Operations		80,000	Operations		80,000
Statement	Administration		50,000	Administration		50,000
	Security		55,000	A/E Fees		25,000
	A/E Fees		25,000	Consultant Services		30,000
	Consultant Services		30,000	Surveys, Inspection, Tests		5,000
	Surveys, Inspection, Tests		5,000	Site Improvements		30,000
	Site Improvements		30,000	Stoves	14	4,000
	Stoves	14	4,000	Refrigerators	20	8,000
	Refrigerators	20	8,000	Maintenance Equipment		10,000
	Maintenance Equipment		10,000	Security		55,000
	Exterior Repairs: Fascia, Soffit, Windows		79,521	Interior Repairs: Kitchens, Baths, Doors,	296	77,542
	A/C Units/Condensers		12,000	Electrical, Paint, Flooring, HVAC		
	Interior Renovations		33,362	Renovations to ADA Compliance Apartments, Sites, Offices, Community Spaces	16	47,341
	Subtotal of Estimated Cost		\$421,883	Subtotal of Estimated Cost		\$421,883

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year: 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Pest Control	55,000	Pest Control	55,000
Annual	Security	55,000	Security	55,000
Statement	Staff Training	10,000	Staff Training	10,000
	Equipment Upgrades	10,000	Equipment Upgrades	10,000
	Software Upgrades	10,000	Software Upgrades	10,000
	Subtotal of Estimated Cost	\$140,000	Subtotal of Estimated Cost	\$140,000



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2014		Work Statement for Year: 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Pest Control	55,000	Pest Control	55,000
Annual	Security	55,000	Security	55,000
Statement	Staff Training	10,000	Staff Training	10,000
	Equipment Upgrades	10,000	Equipment Upgrades	10,000
	Software Upgrades	10,000	Software Upgrades	10,000
	Subtotal of Estimated Cost	\$140,000	Subtotal of Estimated Cost	\$140,000